SECTION CONTENTS

ELIGIBILITY

Outpatient Services

Any patient committed for treatment under the following statutes may be eligible for placement on outpatient status:

* PC 1026 - Not Guilty by Reason of Insanity;
* PC 1370 - Incompetent to Stand Trial;
* PC 2960 - Mentally Disordered Offender;
* WIC 6316 - Mentally Disordered Sex Offender; or
* WIC 702.3 - Not Guilty by Reason of Insanity - Minor.

Minimum Inpatient Requirement [PC 1601(a)]

Any judicially committed patient charged with, convicted of, or found Not Guilty by Reason of Insanity of the following offenses will not be eligible for outpatient treatment and supervision services until he/she has been confined in a state hospital or other inpatient treatment facility for a minimum period of 180 days:

* Murder;
* Mayhem;
* PC 207 - Kidnapping, in which the victim suffers intentionally inflicted great bodily injury;
* PC 209 - Kidnapping for ransom or to commit robbery, in which the victim suffers intentionally inflicted great bodily injury;
* PC 220 - Assault to commit rape, in which the victim suffers great bodily injury;
* PC 261.2 - Rape by force;
* PC 261.3 - Rape by threat;
* PC 288 - Child molestation;
* PC 451(a) or (b) - Arson;
* PC 459 - Burglary, first degree;

ELIGIBILITY

Minimum Inpatient Requirement (cont.)

* Assault with intent to commit murder;
* Robbery with a deadly or dangerous weapon, or in which the victim suffers great bodily injury;
* PC 12303.1 - Carrying/placing an explosive device (in a vehicle);
* PC 12303.2 - Possession of a destructive device in a public place;
* PC 12303.3 - Wrongful possession of an explosive device with intent to injure or intimidate;
* PC 12308 - Use of a destructive device with intent to commit murder;
* PC 12309 - Use of a destructive device causing great bodily injury;
* PC 12310 - Use of a destructive device causing death, mayhem, or great bodily injury; or
* Any felony involving death, great bodily injury, or an act which poses a serious threat of bodily harm to another person.

MDO Inpatient Requirement

It is the policy of the Department of Mental Health that all parolees who meet the MDO criteria (refer to **SECTION 1240: MENTALLY DISORDERED OFFENDER [PC 2960]** for detailed description) and who are to receive mental health treatment as a condition of parole, shall initially be placed in a specialized state hospital inpatient program.

ESTABLISHING A PATIENT RECORD

Hospital Liaison Files for State Hospital Patients

Conditional Release Program staff will conduct liaison visits with those patients who are hospitalized from the program's region of responsibility. Each state hospital patient shall have a patient file maintained by the lead CONREP program. For patients referred from other programs or directly from court, a new file will be created.

Contents of Hospital Liaison File

This temporary file shall include information obtained through these ongoing contacts, consultations and reports received from the state hospitals. The following information is essential in establishing this file:

* Patient name (as provided by court);
* Date of birth;
* Legal status;
* Program case number;
* CI&I number; and
* Pre-placement evaluation.

Formal CONREP Patient Record

A formal outpatient CONREP record is opened once the patient is committed or transferred to outpatient status and should contain the form **MH 5628 (Referral Face Sheet)** and all relevant attachments sent with the formal referral packet (See *Referral Packet Contents* below). The previous temporary hospital liaison file should be integrated into the formal CONREP record.

Exclusions from CONREP Record

The CONREP patient records shall not contain:

* Special Incident Reports;
* CI&I Summary Criminal History Information (Rap Sheets) (PC 11142);
* Voter Registration Forms; and
* Identification of other patient names.

REFERRAL PROCEDURES

Judicially Committed Patients [PC 1604]

For judicially committed patients on inpatient status the referral process consists of:

* The state hospital or other inpatient treatment facility submits a recommendation to the court for outpatient treatment and supervision services;

* The court immediately forwards a copy of that recommendation to the Community Program Director and provides copies of the arrest reports and the state summary criminal history information (PC 11105.1);

* The CONREP program has 30 days in which to conduct an evaluation on that recommendation and submit a report to the court; and

* Following receipt of the evaluation report, the court calendars a hearing within 15 days and either approves or disapproves the recommendation for outpatient status.

In order to expedite the evaluation process, the state hospital or other treatment program should forward a referral packet (see below) to CONREP at the same time a recommendation for outpatient status is sent to the court.

SOCP Patients

The DMH referral for outpatient treatment for WIC 6604 patients is similar to any other hospital referral of a judicially committed person, except that the referral must be approved by the State Hospital Medical Director and reviewed by the Deputy Director of Long Term Care Services and the DMH Director.

When the State Hospital Executive Director receives notice of the DMH Director's approval, the hospital will follow the procedures for a PC 1604 referral on Judicially Committed Patients. (See above)

REFERRAL PROCEDURES

MDO Parolee/Patients

The referral for outpatient placement for PC 2960 MDOs comes directly from the state hospital. To initiate the referral process, the state hospital staff should send a complete referral packet (see below) to the CONREP program of the county of probable parole or outpatient treatment.

The determination regarding whether an MDO parolee/patient can be safely and effectively treated on an outpatient basis is made by DMH:

* On its own initiation;
* In response to a Board of Prison Terms Placement Hearing; or
* Pursuant to a PC 1604 process for MDOs civilly committed via PC 2970.

Usually, a PC 2960 parolee/patient will have had a certification hearing by the BPT and shall have completed any Superior Court trial challenging the commitment, prior to being referred by state hospital staff for outpatient status.

Special Considerations for Determination of Outpatient Readiness for MDO Patients have been developed and can be found under **Evaluation Procedures** later in this section.

Transfer to Other CONREP Program

When another CONREP program requests transfer of outpatient treatment and supervision services, the referring program shall send a complete referral packet to the prospective program's Community Program Director for review. For more detailed information on specific referral and transfer procedures, please refer to **Transfer to Other CONREP Program in SECTION 1430: SEPARATION PROCESS**.

REFERRAL PROCEDURES

Referral Packet Contents

Referral Face Sheet (MH 5628)

Whenever a referral is made to a CONREP program, a formal referral packet must be included. This consists of an **MH 5628 (Referral Face Sheet)** form and appropriate attachments described in the following lists of pertinent documents.

Commitment Documentation

* Arrest report;
* CI&I Rap sheet;
* Sex or Arson Offender Registration Notification (if applicable);
* Probation reports (if applicable);
* Court-ordered evaluations;
* Maximum commitment period computation form;
* Commitment Order; and
* Other relevant historical material about clinical condition of patient prior to arrest.

Treatment Documentation

* Psychological testing;
* Physical examination;
* Psychiatric evaluation;
* Copies of all Court Reports;
* Interdisciplinary team staffing;
* Social history evaluation; and
* Behavioral evaluation data.

Review of Referral Packet

CONREP programs should carefully review all documents in the referral packet. If any documents are missing, contact the referring facility and/or the clerk of the court to request the needed information.

EVALUATION PROCEDURES

Submission of Program Response to Referral

Within 30 calendar days of the referral, the Community Program Director or designee must submit a written evaluation report regarding the patient's suitability for outpatient treatment status. For initial referrals, the report shall be sent either to the court (for judicially committed patients per PC 1604) or the state hospital Forensic Coordinator (for MDO patients). For transfers to another CONREP program, the response shall be submitted to the Community Program Director of the outpatient treatment program making the referral. (Please see **Evaluation Report** later in this section for details.)

The response shall either outline an outpatient treatment program, including the proposed Terms and Conditions of Release, or a letter outlining his/her reasons for disagreement with the proposed placement, detailing specific areas of concern. The required elements of the evaluation process are described below.

Patient Interview

Personally interview the patient to gain the following information:

* Current mental status;
* Insight into circumstances surrounding the offense;
* Readiness for release to the community;
* Potential for dangerousness;
* Precursor awareness;
* Substance abuse history;
* Motivation to participate in treatment in the community; and
* Plans and goals for community living:
  1. Residential;
  2. Employment;
  3. Social; and
  4. Recreational.

EVALUATION PROCEDURES

Review of Inpatient Record

If the patient is on inpatient status, review the medical record for the following information:

* Current use of medication:
  1. Prescribed medication (including dosage, frequency and duration);
  2. Patient compliance;
  3. Effect on behavior;
  4. Side effects; and
  5. Any relevant medical history.

* Behavior on the unit:
  1. Rule infractions;
  2. Physical altercations;
  3. Verbal outbursts;
  4. Cooperativeness;
  5. Mood fluctuations;
  6. Participation in unit/ward activities;
  7. Socialization;
  8. Suicidal gestures; and/or
  9. Need for seclusion and/or restraint.

Collateral Contacts

Line Staff

Consult with the line staff to assess:

* Behavior on the unit;
* Participation in unit/ward activities;
* Cooperativeness;
* Socialization; and
* Readiness for release to the community.

Clinical Staff

Consult with the clinical staff to assess:

* Response to treatment and level of involvement in activities;
* Knowledge of or insight gained regarding the offense;
* Understanding of personal psychodynamics;
* Response to medications;
* Assessment of risk/dangerousness;
* Readiness for release to the community;
* Outpatient precautions; and
* Recommendations for placement.

EVALUATION PROCEDURES

Collateral Contacts (cont.)

Victim and/or Family	Contact with the victim(s) or family, if available, to assess: * Current relationship with the client, if any; and/or * Concern for personal safety.
Patient's Family/Friends	Contact with patient's family/friends to assess the following: * Frequency of meaningful contact with the patient subsequent to commitment for treatment to determine available level of social/emotional support; * Awareness of any significant change(s) in the patient prior and subsequent to treatment; * Personal concern regarding potential for dangerousness; * Confirm living arrangements; * Family's readiness for patient's release; and * Secure verbal agreement to work cooperatively with and/or notify CONREP staff of any concerns or problems that may arise when the patient is placed in the community.
Outpatient Staffing Conference	If possible, there should be a case presentation to CONREP staff to discuss the referral. Topics to be covered should include: * Minimum period of confinement of 180 days has been met, if required; * Availability of resources to meet the specific needs of the patient; * Judicially committed patients will not be a danger to the health and safety of self and others and could benefit from outpatient treatment [PC 1601(a)(2)]; * MDO patients can be safely and effectively treated on an outpatient basis [PC 2964(a); PC 2972(d)]; and * Development of an appropriate treatment contract and treatment plan.

EVALUATION PROCEDURES

Readiness for Outpatient Treatment

There are many factors that help determine whether or not a patient is ready to be placed on outpatient treatment in a CONREP program. The specific guidelines to be used to make that determination are described in the following pages. Assessment of outpatient readiness for MDO patients is discussed separately, as they are much more specific and based on statutory criteria.

Community Outpatient Treatment Acceptance

In the case of a positive evaluation and recommendation to approve the referral for outpatient treatment and supervision of any patient, a letter will be immediately sent to the hospital treatment team notifying them that the patient has been preliminarily accepted, pending approval by the court and/or BPT. The letter should state that acceptance is contingent upon no substantial change in the patient's clinical profile from the time of acceptance to COT until COT is approved.

The acceptance letter should also indicate the CONREP program of treatment, the availability of community resources, the patient's planned living arrangements and the anticipated date of entry into the CONREP program of treatment.

Development of Treatment Plan

An initial Treatment Plan for the new CONREP patient should be developed during the admission process. Details of the Terms and Conditions of Outpatient Treatment and the Treatment Plan are to be discussed with the patient during the Intake Interview. (See **Intake Interview** later in this section.) The treatment plan should be updated at least annually at the Annual Case Review. For specific details on Treatment Plans, please refer to **Treatment Planning** in **SECTION 1340: CORE SERVICES**.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: NGI, MDSO & SOCP PATIENTS

Ability to Comply with Treatment

The patient demonstrates some ability to comply with treatment and a willingness to participate in the program requirements. Evidence exists which indicates that the patient:

* Is willing and able to participate in psychotherapeutic and rehabilitative planning and activities, even if not using it well;
* Is able to participate verbally in discussions and is not so guarded as to preclude detection of warning signals; and
* Has made no explicit statements regarding intention to be non-compliant.

Adequate Stress Tolerance

The patient is sufficiently organized (e.g. take a bus, maintain adequate personal hygiene), cooperative, able to follow directions and has the ability to handle the level of structure necessary for a particular living situation in which s/he will be placed.

Medication

The patient demonstrates medication compliance and responsibility while in the hospital (e.g. does not need to be directed or cajoled). If not, intramuscular (IM) medication is encouraged unless it is medically contraindicated or inappropriate.

The patient's medical history indicates his/her medication regime has stabilized; patterns of decompensation both with and without medication, as well as compliance and responses to different medications, have been identified.

A residential placement with staff able to administer medication should be available for patients requiring PRN medications.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: NGI, MDSO & SOCP PATIENTS

Awareness of Risk Factors

Through review of hospital and other records and all interviews indicated above, CONREP staff should be able to begin the development of an **Individual Risk Profile (MH 7025**). Data obtained from these sources should indicate risk factors and behaviors unique to the patient's mental state prior to committing the crime. (See **Forensic Treatment Components** in **SECTION 1340: CORE SERVICES** for more information on Risk Factors and details on development of an Individual Risk Profile.)

In addition, it is important to assess whether the patient has developed or has the potential to develop some basic recognition of his/her own danger signals and how these factors relate to the commission of his/her crime.

Lack of Treatment Resources

A lack of treatment resources in the county of responsibility is not, in itself, reason enough to justify a denial of outpatient status. In assessing community treatment alternatives for persons otherwise appropriate for outpatient status, programs must consider all other CONREP programs as potential resources. If the county of responsibility cannot provide the necessary treatment and supervision resources, it should initiate CONREP transfer procedures.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Parolee Right to Liberty

Regardless of mental disability, it is usual and customary for parolees to be at liberty in the community. The Mentally Disordered Offender (MDO) statute defines criteria for special conditions allowing for certain parolees to receive mental health treatment as a condition of their parole, including inpatient treatment.

Statutory Limitations

PC 2964(a) requires that DMH must certify that an MDO patient can be safely and effectively treated on an outpatient basis prior to release to outpatient status by the BPT. PC 2968 requires the Director of Mental Health to discontinue treating the parolees if the Director of Mental Health notifies the Board of Prison Terms that the "prisoner's severe mental disorder is put into remission during the parole period, and can be kept in remission."

These statutory limitations establish upper, as well as lower, limits to the degree of psychological wellness required for outpatient treatment of MDOs.

Entry and Exit Thresholds For Community Outpatient Treatment

Patients can be treated on an inpatient basis only if they cannot be safely and effectively treated on an outpatient basis.

For PC 2962 inpatients, DMH must complete an evaluation annually to the BPT indicating that the patient continues to meet MDO criteria. For PC 2964 outpatients, CONREP must provide an opinion that the patient meets MDO criteria for annual BPT hearings. For PC 2972 civil commitments, the court must renew its approval of outpatient status annually, based upon MDO criteria.

MDO treatment must be discontinued when the patient no longer meets MDO criteria.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Key Elements of CONREP
Hospital Liaison MDO Evaluations

Summary

There are four "Key Elements" to consider when completing a CONREP Hospital Liaison Report for MDO parolees and MDO civil commitments. The findings must be: a) Fact-based, b) Fact-limited, c) Case-specific, and d) MDO-focused. These elements and their specific indicators (as described below) are to be used when completing the **CONREP Hospital Liaison Form: MDO [MH 7026]** (See **Section 1310: STATE HOSPITAL SERVICES** for procedures related to this form.

Fact-Based:

* Conclusions must be based on logically and clinically valid interpretations of all the available relevant trustworthy documented facts or observations;

* Reports must reflect that the evaluator skeptically weighed all the facts and was guided by them, i.e., the conclusions were fact-determined not outcome-determined;

* Reports must reflect recognition of the difference between facts (observations and trustworthy documented observations) and opinions (characterizations); and

* Reports must reflect that the evaluator took into account social context, including the penal or institutional setting, language, ethnicity, and culture.

Fact-Limited:

* Negative findings are required when there are insufficient trustworthy relevant facts or no facts to support a finding; and

* Presumptions are not valid substitutes for missing trustworthy relevant facts.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Key Elements of CONREP Hospital Liaison MDO Evaluations (cont.)

Case-Specific:

* Conclusions must be based on the subject's personal symptoms of mental disorder not on general risk factors or the typical natural history or presentation of a particular mental disorder; and

* Conclusions must reflect consideration of the subject's particular relevant psychological attributes, i.e., ethnicity, intelligence, educational background, personality, as well as the situational context of the subject's words and conduct.

MDO-Focused:

* Conclusions/findings must be separately responsive to the specific questions inherent in each of the MDO criteria; and

* Answers to questions not posed by the language of the statute dilute the impact of MDO reports and most cases should not be included in MDO reports.

Specific MDO Criteria to be Evaluated

Summary

The patient is to be evaluated relative to three criteria in order to determine whether s/he can continue to receive treatment as a Mentally Disordered Offender. The criteria are:

* The patient continues to have a ***Severe Mental Disorder;***

* The patient's severe mental disorder is ***Not in Remission or Cannot be kept in Remission***; and

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Specific MDO Criteria to be Evaluated (cont.)

Summary (cont.)

* As a result of the severe mental disorder, the person represents a ***Substantial Danger of Physical Harm to Others***.

The criteria terms and checkpoints are defined and described below.

Severe Mental Disorder

The term "severe mental disorder" means an illness or disease or condition that substantially impairs the person's thought, perception of reality, emotional processes, or judgment: or which grossly impairs behavior: or demonstrates evidence of an acute brain syndrome for which prompt remission, in the absence of treatment, is unlikely.

The term "severe mental disorder" as used in this section does not include a personality or adjustment disorder, epilepsy, mental retardation or other developmental disabilities, or addiction to or abuse of intoxicating substances.

Criteria Checkpoints:

* Severe mental disorders are marked by resultant substantial impairment;

* Excluded conditions are not severe mental disorders; and

* "Organic disorders" are classified by presenting symptoms, not by etiology.

Remission

The term "remission" means a finding that the overt signs and symptoms of the severe mental disorder are controlled either by psychotropic medication or psychosocial support.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Specific MDO Criteria to be Evaluated (cont.)

Remission (cont.)

Criterion Checkpoints:

* Remission is demonstrated by an absence of *overt symptoms* or by *controlled overt symptoms* of severe mental disorder; and
* The subject must be found *in remission* or *not in remission.*

Note: The statute does not recognize gradations of remission status such as "partial remission," "institutional remission," "clinical remission".

"Cannot Be Kept In Remission"

Whether or not the person is determined to be in remission, the evaluator must determine if the patient engaged in any of four behaviors during the past year: 1) has been physically violent, 2) has made a serious threat of substantial physical harm, 3) has intentionally caused property damage, or 4) has not voluntarily followed the treatment plan. If they have, then by definition, the person "cannot be kept in remission". (Cautionary note: If the person did not engage in any of the four behaviors, do not make the converse assertion that the person can be kept in remission.)

Criterion Checkpoints:

* The "cannot be kept in remission" element must be addressed whether or not the severe mental disorder is in remission; and
* "Cannot be kept in remission" calls for a factual finding of violence, threat, property destruction, or an unreasonable failure to follow a treatment plan. "Cannot be kept in remission" does not call for a prognosis of future treatment compliance."

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Specific MDO Criteria to be Evaluated	(cont.)
Dangerousness	The criterion is whether or not by reason of his or her severe mental disorder the subject represents a substantial danger of physical harm to others. Criterion Checkpoints: * While a history of past violence associated with a disordered mental status is relevant, the facts and rhetoric of this section need to focus on present (current) substantial danger to others based on present mental state; and * The language of the statute only speaks to danger based on severe mental disorder not severe mental disorder in combination with other factors, i.e., the excluded conditions such as substance abuse, personality disorder, etc. * Factors to be considered in determining whether or not a patient meets this criterion: 1. Past history of violence caused or shaped by severe mental disorder; 2. Number of past incidences of violence; 3. Magnitude of past violent acts; 4. Recent history of violence; 5. Is frequency increasing or decreasing; 6. Pattern of violence; 7. Specific victim or class of victims of violence; 8. Similarity of present mental state with past mental states leading to violence; 9. Cultural, ethnic, situational factors associated with past violence;

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Specific MDO Criteria to be Evaluated (cont.)

Dangerousness (cont.)

* Factors to be considered in determining whether or not a patient meets this criterion:

10. Juvenile crime history;
11. Adult crime history;
12. In-custody/in-hospital rules violations/violence;
13. Expressed hostility;
14. Expressed threats;
15. Detachment from external reality;
16. Persecutory delusions;
17. Grandiose delusions/psychotic sense of entitlement;
18. History of acting upon command hallucinations;
19. Current status of command hallucinations;
20. Severe mental disorder caused irritability, hostility, aggressiveness associated with past violence;
21. Current irritability, aggressiveness from severe mental disorder;
22. Practical understanding of illness and need for treatment; and
23. Level of participation in and acceptance of treatment.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

"Safely and Effectively Treated"

Description

Once the patient has been evaluated relative to the three criteria described in the previous section, an additional determination must be made. The patient must be evaluated as to whether he/she should continue to receive inpatient treatment or whether the patient can be ***Safely and Effectively Treated*** on an outpatient basis in the CONREP program [PC 2964(a) and PC 2972(d)]. Some indicators that will assist in this determination are described in the following paragraphs.

Behaviorally Based Evaluation

In order to determine whether a patient can be safely and effectively treated in the community, the evaluator must base his/her finding on the patient's behaviors and psychiatric symptoms. When attempting to define an acceptable level of behavior for patient characteristics related to outpatient treatment, the key assessment concern is the patient's current functioning based upon behavioral observations, when possible.

The evaluator must be able to document through direct observations or the patient's clinical chart those behaviors or psychiatric symptoms affecting safe and/or effective treatment while in the community. While prior clinical and criminal history should be considered in evaluating these behaviors and symptoms, the patient's current functioning will be the determining factor as to his/her readiness for outpatient treatment.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

"Safely and Effectively Treated" (cont.)

Multiple Variables to Consider	The program must evaluate the multiple variables that impact a patient's level of stability. A determination must be made regarding which variables, while not completely stable, are tolerable to manage on an outpatient basis, and which variables in an assessment make it unacceptable to attempt management on an outpatient basis. For each patient, the combination of variables may be different, and the program is asked to assess the patient's total presentation in order to make this determination.
Expectation of Outpatient Treatment	The law envisions that there is a period of time between when an MDO patient can be "safely and effectively treated on an outpatient basis" and when s/he is "put into remission and can be kept in remission" resulting in unconditional release.
Indicators Related To Being "Safely and Effectively Treated"	The following is a partial list of indicators that CONREP should consider when evaluating an MDO patient's readiness for Community Outpatient Treatment in relation to being treated "safely and effectively".
Medication Regimen	* The patient takes his/her medications. (The patient may not need to agree that s/he needs them, or that s/he will take them when unconditionally released. The indicator of acceptability is the patient's current demonstrated understanding of when to take the medication, and agreement of medication compliance while in CONREP); * No major medication changes for 3 months, save minor titration of medication dosage;

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Indicators Related To Being "Safely and Effectively Treated" (cont.)

Patient Awareness of Symptoms of Mental Illness	The patient does not need to demonstrate a realization that s/he has a mental illness, nor does s/he need to demonstrate insight into his/her mental illness. Instead, it is important that the patient can demonstrate when certain identifiable symptoms are present (auditory hallucinations, for example), that certain interventions will be initiated (seeking staff, taking medications, etc.).
Patient Control of Symptoms of Mental Illness	Some patients will have signs and symptoms of their severe mental disorder controlled to the extent that, while still present, they no longer cause the patient to present an imminent threat of harm to another. For example, a patient has had command hallucinations, which have ordered him/her to harm someone. However, through medications and/or psycho-social treatment, those hallucinations are no longer of a type to command harmful actions. Other non-harmful auditory hallucinations may remain.
Violent Actions	No violence has occurred within about the past 3 months, except in self-defense. It should be noted that this is an approximate time frame. The actual time frame used by the evaluator must be substantiated by the nature, severity, and impact of any violent behavior that might have occurred. The longer the time frame used by the evaluator, the greater the substantiation will need to be in order to conclude that the patient *cannot* be safely and effectively treated on an outpatient basis. That is, the "burden of proof" rests with the evaluator to conclude that the patient *cannot* be safely and effectively treated in the community.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Indicators Related To Being "Safely and Effectively Treated" (cont.)

Patient Participation in Treatment	The patient attends and participates in all recommended treatment to the extent that s/he uses the therapeutic interventions to the best of his/her ability. Reasonable participation in treatment for problems that are not included in MDO criteria, but do impact safety in the community (such as sex offending, or substance abuse treatment) is defined as active, willing and appropriate participation. For example, a patient with a substance abuse history should be participating to the best of his/her ability, in treatment that focuses on remaining clean and sober. Thus, the patient's ability to participate in treatment must be considered in determining the level of participation that is reasonable for him/her. The program's ability to provide particular types of treatment (via available resources) might also impact a patient's ability to participate in them.
Relapse Prevention Plan	The patient should have at least a rudimentary relapse prevention plan started that will assist with the avoidance of relapse. This plan does not have to be comprehensive or fully developed. As part of the relapse prevention plan, the patient needs to be able to specifically identify the behaviors (risk factors) that contributed to his/her crime. It should also include a minimal plan to manage these behaviors, should they recur while on outpatient status.
Terms and Conditions of Outpatient Treatment	The patient agrees to and signs the **CONREP Terms and Conditions of Outpatient Treatment**. Failure to agree and sign these Terms and Conditions is considered a rejection of CONREP placement and the placement cannot occur.

GUIDELINES FOR DETERMINATION OF OUTPATIENT READINESS: MDO PATIENTS

Indicators Related To Being "Safely and Effectively Treated" (cont.)

Stress Management	The patient needs to demonstrate the ability to tolerate stress in the community. The patient must be able to engage in activities of daily living (e.g., take transit, practice adequate hygiene, follow directions, be co-operative) and handle the level of structure necessary for the living situation in which s/he will be placed.
Antisocial Personality Disorder	The presence of an Antisocial Personality Disorder alone is not sufficient for a finding that the patient cannot be safely and effectively treated on COT. However, if there is specific documented behavior that results from this disorder and relates to a patient's ability to be safely and effectively treated on COT, the evaluator needs to specify those behaviors and the basis for the determination (observed by the evaluator or as part of the clinical chart.)
Lack of Treatment Resources	A lack of treatment resources in the county of responsibility is not, in itself, reason enough to justify a denial of outpatient status. In assessing community treatment alternatives for persons otherwise appropriate for outpatient status, programs must consider all other CONREP programs as potential resources. If the county of responsibility cannot provide the necessary treatment and supervisions resources, it should initiate CONREP transfer procedures. If the patient is an MDO parolee, the program must work with CDC Parole to ensure agreement regarding a transfer. If the patient is a civil commitment, the program needs the approval of the court prior to the transfer

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

Overview

The Department has developed a standardized **Forensic Conditional Release Program Terms and Conditions of Outpatient Treatment (MH 7018)** document to be used statewide in all CONREP programs. This document formally specifies the conditions of outpatient treatment and supervision. An informational copy of this document can be found in **Appendix II**, **Volume I,** of this manual. The working version of this document is available to CONREP programs via computer diskette from CONREP Operations. The diskette includes instructions on how to install and individualize the document according to each patient's needs.

During the evaluation process, if CONREP staff determine that a patient may be appropriate for outpatient treatment, detailed Terms and Conditions of Outpatient Treatment must be developed and attached to the evaluation report

Patient Involvement

Each Term and Condition includes a block for the patient to initial, signifying that the item has been read and understood. In order to ensure that patients read and understand each item, staff should assist patients who require help and ask them to initial each item. The Terms and Conditions document is signed by the patient and a CONREP representative, updated as needed and permanently retained in the CONREP patient record. (See 'Agreement' on the following page.)

Legal Specificity

The Terms and Conditions of Outpatient Treatment are incorporated, directly or by reference, in the order authorizing treatment by the program, and create the clinical/legal structure whereby the order is implemented. Because this document effects the legal involvement with CONREP, the language used must be precise.

OUTPATIENT TREATMENT OPERATIONS:

1410

ADMISSION PROCESS

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

Legal Specificity (cont.)

Each Term and Condition should contain only standardized, state-approved language that creates the clinical/legal structure whereby the commitment order is implemented. Individual Terms and Conditions should only be used rarely, in unusual circumstances. Vague language, such as requirements to be "honest and open," should be avoided.

Advisory

The first section of the document is a general advisement to the patient about the nature of the program, the requirement of their acceptance of the Terms and Conditions of Outpatient Treatment, the consequences of failure to conform to the Terms and Conditions and a recommendation to read and ask questions about any terms or conditions the patient does not understand.

Agreement

The second section consists of a signature block for the patient to sign indicating acceptance of the Terms and Conditions of Outpatient Treatment and agreement to comply with each of the General, and any Special or Individual Terms and Conditions specified in the document. The Community Program Director, or designee, should also sign and date the Agreement.

General Terms and Conditions (Attachment A)

This section consists of sixteen, requirements and restrictions which must be contained in all cases as general terms and conditions of release. The following are the general requirements addressed:

* Active participation;
* Obeying all laws,
* Residence;
* Cooperation with home visits;

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

General Terms and Conditions (Attachment A) (cont.)

* Submission to searches as a condition of release;
* Drug/Substance abuse prohibition;
* Compliance with anti-substance abuse testing;
* Altering substance abuse testing and consumption of specific seed products;
* Compliance with restrictions on travel;
* Prohibition of association with criminals;
* Weapons prohibition;
* Medication compliance (when ordered);
* Assistance with collateral contacts;
* Consultation before making "major life decisions;"
* Application for benefits; and
* Acceptance of responsibility for self-support and share of cost;

Special Terms and Conditions (Attachment B)

This section consists of a menu of restrictions and requirements that can be added as terms and conditions of release as determined by individual case factors.

Restrictions may include:
* Operation of Motor Vehicles;
* Alcohol Consumption; and/or
* Victim Contact;

Requirements may include:
* Curfew;
* Residence in Statewide Transitional Residential Programs;
* Financial management (representative payee);
* Conditions for persons with histories of sexual offenses involving minors;
* Conditions for persons with a history of other sexual offenses or stalking;
* Individualized treatment program components (Day Treatment/Socialization Program; Substance Abuse Treatment);

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

Special Terms and Conditions (Attachment B) (cont.)

* Participation in support groups (Alcoholics/Narcotics Anonymous; Bi-Polar Support Group; Recovery, Inc., etc.);
* Sex offender registration;
* Arsonist registration;
* Controlled substance offender registration; and/or
* Any special conditions unique to the individual case.

Individual Terms and Conditions (Attachment C)

This last section allows for the rare instance when a particular case calls for a unique Term and Condition, as determined by individual factors.

Reason Codes

If any Special or Individual Terms and Conditions are added, a reason code must be entered which provides justification for it. Reason Codes are standardized and include the following by number:

1. History of alcohol use/abuse
2. Behavior related to commitment offense(s);
3. Behavior related to nature of commitment offense(s);
4. Behavior related to previous offense(s);
5. Treatment requirement based on psychiatric history;
6. Requirement due to current functioning;
7. Requirement based on history of predatory sexual behavior;
8. Requirements based on individual high risk elements; and/or
9. Other good cause determined by the Community Program Director.

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

Modifications

Terms and Conditions of Outpatient Treatment may be modified to adjust to changing circumstances. Any new Term and Condition should be signed by the patient and the program representative. The modified Terms and Conditions should be forwarded to either the committing Superior Court and Public Defender or the Parole Agent (in the case of MDO parolees).

Annual Renewal

These Terms and Conditions should be updated and revised during the Annual Case Review process, signed by the patient and the program representative and forwarded to either the committing Superior Court and Public Defender or the Parole Agent (in the case of MDO parolees).

EVALUATION REPORT

General Contents

The report to the court must contain a summary of the evaluation and include specific justification for the recommendation. The evaluation report should be brief and concise and include these concerns:

Identification

* Correct identification of the patient, as provided by the court.

Offense

* Approximate date;
* Nature of the offense;
* Use of a weapon;
* Age and sex of victim(s);
* Relationship to victim; and
* Use of alcohol/drugs.

Legal Status

* Type of commitment; and
* Time left per maximum commitment date.

Psychosocial History

* Date and place of birth;
* Family composition;
* Education;
* Religion;
* Military service;
* Sexual history;
* Marital status;
* History of alcohol/drug use or abuse;
* Prior involvement with the law; and
* Medical/psychiatric history.

EVALUATION REPORT

General Contents (cont.)

Assessment Elements	* Date and place of contact(s) with the patient; * Evaluator's clinical impression; * Collateral contacts with family/friends and their responses; * Contact(s) with the victim(s) or the victim(s) family and their response(s); * Consultation with current clinical staff and their impression; * Review of hospital chart; and * Review of legal record(s);
Progress in Treatment	* Date of commitment; * Treating facility; * Treatment modalities; * Attendance and level of participation in treatment; * Outcome of treatment; * Medication; * Behavior on the unit; * Involvement in social/recreational activities; and * Diagnosis/prognosis.
Recommendation Options	Each report should contain one of the following three recommendations: * Approve the referral for outpatient treatment and supervision; * Deny the referral for outpatient treatment and supervision; or * Transfer to another county for outpatient treatment and supervision.

EVALUATION REPORT

Recommendation: Approve

When the recommendation is to approve the referral for outpatient treatment and supervision, the evaluation report should also include the following elements:

Justifications for Release

* Motivated and likely to benefit from continued treatment;
* Not now seen as a danger to self and others;
* Willing to cooperate in outpatient treatment and supervision plan; and
* Availability of community resources.

Treatment Plan

* Name, address, and phone number of treating facility;
* Name, title, and phone number of assigned therapist;
* Treatment modalities;
* Frequency of contact; and
* Treatment goals and objectives;

Community Living Plan

* Type of living arrangement;
* Address and phone number;
* Type of employment/vocational training program;
* Name, address, phone number of employer/vocational training program; and
* Source of income.

Recommendation

Approve outpatient treatment and supervision services and cite appropriate section of the law.

Terms and Conditions of Outpatient Treatment

Also include a signed copy of the Terms and Conditions of Outpatient Treatment.

EVALUATION REPORT

Recommendation: Deny

When the recommendation is to deny outpatient treatment and supervision, the evaluation report should also include any of the following justifications, when appropriate:

Justification to Deny Release

* Has not satisfied requirement of 180 days of confinement in an inpatient treatment facility;
* Is in need of continued treatment with specific reasons cited;
* For judicially committed patients, remains a danger to the health and safety of others (cite specific reasons);
* For MDO patients, cannot be safely and effectively treated in the community (cite specific reasons);
* Is unwilling to cooperate with plan for treatment and supervision in the community;
* Is resistant to taking prescribed medication; and/or
* Would not likely benefit from treatment in the community.

Recommendation

Deny outpatient treatment and supervision services and cite appropriate section of the law for authority.

When the recommendation is to deny outpatient treatment and supervision services, the patient will be returned to the appropriate inpatient treatment program.

EVALUATION REPORT

Recommendation: Transfer

When the recommendation is to transfer the referral for outpatient treatment and supervision to another CONREP program, the evaluation report should also include the appropriate justification:

Justifications for Transfer

* The patient requests placement in another county;
* There are no available resources in the county of commitment;
* The patient has family and employment/support system(s) in the other county; and/or
* The other county is willing to evaluate the patient for placement in their program.

Recommendation

* Refer the court to the other county for outpatient consideration;
* Provide the name, address, and phone number of the other CONREP program, and contact person; and/or
* Request that the court deny release to your program and order the other county to do an evaluation.

DISPOSITION: JUDICIALLY COMMITTED

Court Hearing
[PC 1604(c)]

Upon receipt of the recommendation from the Community Program Director, the court will calendar a hearing within 15 judicial days and will notify the CONREP program of the hearing date. When a disposition has been made, the Community Program Director will receive a copy of the court order which should be filed in the patient's chart.

In any hearing for the outpatient placement, the court must consider the nature and circumstances of the criminal offense(s) and must also consider the patient's prior criminal history. The dispositions which the court may order are described below.

Court Approval

* Approve outpatient treatment and supervision services.

  The patient shall be placed on outpatient status subject to the terms and conditions specified in the Treatment Contract.

* Approve the recommendation to refer to another CONREP program.

  The court will order the other CONREP program to evaluate the patient for outpatient treatment and supervision services in accordance with PC 1604(a).

  If the outpatient treatment occurs in a county other than the county of commitment, the court will transmit a copy of the case record to the superior court of that county in accordance with PC 1604(d).

DISPOSITION: JUDICIALLY COMMITTED

Court Denial	* Deny the recommendation for outpatient treatment and supervision services. The patient will be returned to the appropriate inpatient treatment facility. * Deny the recommendation to refer to another county Conditional Release Program. The court may order the Community Program Director to submit a plan for treatment and supervision in the original CONREP program of referral.

DISPOSITION: MENTALLY DISORDERED OFFENDERS

Certification for Outpatient Status [PC 2964(a)]

Form MH 1787	When an outpatient placement decision has been made by the State Department of Mental Health, the Director of the Department of Mental Health shall submit MH 1787, Certification for Outpatient Status, to the Board of Prison Terms (BPT). This certifies that "there is reasonable cause to believe the parolee can be safely and effectively treated on an outpatient basis". **Special Considerations for Determination of Outpatient Treatment Readiness for MDO Patients** have been developed and can be found earlier in this section.
Additional Information	Other information to be provided includes identification of the county of parole, a copy of the **Terms and Conditions of Outpatient Treatment**, and an approximate time frame for the placement. A copy of the certification form MH 1787 and attached information should be sent to the CDC Hospital Liaison Parole Agent.
State Hospital Responsibility	In cases where there is a consensus of opinion between the hospital and the community regarding the placement of an MDO patient/parolee, the usual practice will be for the hospital to prepare all documentation for the BPT.
Consensus Determination	Prior to any hearing before the BPT, the Director may assign the DMH MDO Evaluator the responsibility to determine whether there is a consensus between the hospital and the Community Program Director of the county of parole regarding the proposed placement.

DISPOSITION: MENTALLY DISORDERED OFFENDERS

MDO Placement Disputes

DMH Unified Position	In cases where there is not agreement regarding the proposed placement plan between the state hospital and the community program, the Department's unified position shall be established by the Director of the Department of Mental Health. The DMH MDO Evaluator is delegated the responsibility to initiate the Placement Conference process described below in order to assist the Director in determining the DMH unified placement plan for presentation to the BPT.
Resolution Efforts	Prior to the initiation of the Placement Conference process, attempts to resolve any disagreement shall have been made at both the line staff and Medical Director or Executive Director/Community Program director levels.
Conference Request	If a consensus cannot be reached between the hospital and local community program, then the DMH MDO Evaluator may be contacted by either the Community Program Director or the Hospital Forensic Coordinator to request the initiation of a placement conference.

DISPOSITION: MENTALLY DISORDERED OFFENDERS

MDO Placement Disputes (cont.)

Information Transmittal	The program (state hospital or community) initiating the request for the placement conference is responsible for transmitting all the necessary information to the MDO Evaluator. The initiator shall also send a copy of the conference request to the other program. The primary contact people are the State Hospital Forensic Coordinator and the Community Program Director. The Community Program Director shall forward a copy of the complete referral packet (including the MH 5628 and all attachments). Both programs are responsible for sending copies of their evaluation, recommendation, letter of disagreement and/or response to the MDO Evaluator as well as to each other.
Meeting	Upon receipt of the conference request and all pertinent information, the MDO Evaluator shall promptly set up a conference with both hospital and community staff. At the meeting, both the hospital and community program staff will have the opportunity to present their positions.
MDO Evaluator Recommendation	If consensus is not reached, it is the responsibility of the MDO Evaluator to recommend to the DMH Director a departmental unified position. This recommendation may represent the position of either program or a proposed alternative plan.

DISPOSITION: MENTALLY DISORDERED OFFENDERS

MDO Placement Disputes (cont.)

Decision of Director	The recommended decision shall be forwarded to the Director who will establish the official DMH position which shall be binding on both parties. The Director shall specify the reason(s) for the decision in written notice to both parties. Once the departmental unified position is established it shall be presented to the Board of Prison Terms (BPT) by the designee of the Director.
Support of DMH Position	Hospital and designated community treatment staff of the county of parole shall make themselves available to support the Department of Mental Health Director's unified position at any BPT or court hearings regarding the transfer from inpatient status.

ENTRY INTO PROGRAM

Initial Contact

Prior to release from the state hospital, the patient should be informed to contact the CONREP program within 24 hours of release to arrange for an appointment. The patient should be seen by the CONREP program within 72 hours of release for intake processing.

Failure to Make Contact

If the patient does not contact the program by the end of the next working day, the following steps should be taken:

* Contact the clerk of the court to confirm that the patient was approved for release by the court;
* Contact the holding facility (jail, hospital) to determine if and when the patient was released from custody;
* Contact family/friends to determine the patient's whereabouts; and
* Initiate revocation (for judicially committed) or rehospitalization (MDO) proceedings if the patient cannot be located within 72 hours of release. (Refer to manual **Section 1430: SEPARATION PROCESS** for specific procedures.)

Intake Interview

The assigned CONREP staff member will personally interview the patient to obtain and/or provide the following information:

Living Arrangement

* Obtain the address/phone number; and
* Evaluate the arrangement.

ENTRY INTO PROGRAM

Intake Interview (cont.)

Employment/Training Plan	* Obtain name, address and phone number of employer; * Provide referrals to employment/vocational resources; and * Arrange for involvement in employment training/rehabilitation program.
Treatment/Supervision Plan	* Clarify the treatment plan: 2. Treatment modalities; 3. Use of medication; and 4. Drug/alcohol screening; * Verify sex, arson or substance abuse offender registration, if applicable; and * Provide the patient with a copy of the **Terms and Conditions of Outpatient Treatment** document and discuss its content.
Current Legal Status	The patient will remain involved in treatment until the court or BPT makes a further disposition on the matter. * Clarify that patient is still under the court's jurisdiction and remains: 1. PC 1026 - Not Guilty by Reason of Insanity; 2. PC 1370 - Incompetent to Stand Trial; 3. PC 2964 - Mentally Disordered Offender; 4. WIC 6316 - Mentally Disordered Sex Offender; or 5. WIC 702.3 - Not Guilty by Reason of Insanity-Minor; and * Discuss the applicable annual renewal process for continuation of involuntary outpatient treatment status.

ENTRY INTO PROGRAM

Intake Interview (cont.)

Consequences	Define and discuss the consequences of the following: * Reoffense; * AWOL; * Failure to comply with the treatment agreement; and * Failure to follow through with the terms and conditions of outpatient status.
Progress Reports	Inform judicially committed patients of CONREP's need to submit progress reports to the court on a quarterly basis. Quarterly reports will also be sent to the parole agent for MDO patients.
Termination	Inform the patient of the possible termination processes based on his/her legal commitment.
Assessment	Assess the patient's current mental status and level of functioning.
Transition	Prepare the patient for the stress he/she may encounter during the period of transition to community living.